1.	HO. OF COPILS RECEIVED DISTRIAUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST F	ONSERVATION COMMISS OR ALLOWABLE AND ASPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS	
	Cperator MURPHY MINERALS CORPORATION   Address P. O. Drawer 2164, Roswell, New Mexico 88201   Reason(s) for filing (Check proper box) Other (Please explain)   New Well Change in Transporter of:   Recompletion Effective   Oil Dry Oas   Change in Ownership XII-1-75 Condensate				
			Inc., P. O. Box 1090, R	oswell, New Mexico 88201	
11.	DESCRIPTION OF WELL AND L Lease Name Mark Federal Location Unit Letter H ; 198	Well No. Pool Name, Including For 7 Todd Lower San 0 Feet From The North Line	Andres State, Federal	or Fee Federal LC062529-A	
111.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil X or Condensate   Mobil Pipe Line Company A   Name of Authorized Transporter of Casinghead Gas X or Dry Gas		S Address (Give address to which approv P. O. Box 900 Dallas, Address (Give address to which approv	Texas 75221 red copy of this form is to be sent)	
	Cities Service Oil Com If well produces oil or liquids, give location of tanks.	npany   Unit   Sec.   Twp.   Pige.   0   25   75   35E	Bluitt Gasoline Plant, is gas actually connected? Whe Yes	and the second s	
1V.	If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spuddet	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth	
	Perforations	Perforations Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE				
		1			
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	<i>it, etc.)</i>	
	Longth of Trot	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oll-Bbls.	Water - Bbls.	Gao-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls, Condensate/MMCF	Gravity of Condeneate	
	Testing Method (pitot, back pr.)	Tubing Prossure (Shut-1a)	Casing Pressure (Shut-in)	Choke Size	
V	I. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED UL: BY		
	Agent (Signature) Agent (Title) October 23, 1975 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sectiona I. II. HI, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filled for each pool in multiply		